

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)				<b>TRANSCRIPT ORDER</b> Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.					COURT USE ONLY <b>DUE DATE:</b>						
1a. CONTACT PERSON FOR THIS ORDER <b>Jennifer Kawamura</b>				2a. CONTACT PHONE NUMBER <b>(415) 956-1000</b>			3. CONTACT EMAIL ADDRESS <b>jkawamura@lchb.com</b>								
1b. ATTORNEY NAME (if different) <b>Sarah R. London</b>				2b. ATTORNEY PHONE NUMBER <b>(415) 956-1000</b>			3. ATTORNEY EMAIL ADDRESS <b>slondon@lchb.com</b>								
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) <b>Lieff, Cabraser, Heimann &amp; Bernstein, LLP 275 Battery Street, 29th Floor San Francisco, CA 94111</b>				5. CASE NAME <b>In re: Uber Technologies, Inc., Passenger Sexual Assault Litigation</b>					6. CASE NUMBER <b>3:23-md-03084</b>						
				8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL      CJA: <u>Do not use this form; use Form CJA24.</u>											
7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR <b>Ruth Ekhaus</b>															
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
11/06/2024	CRB	CMC		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).														12. DATE	
11. SIGNATURE <b>/s/ Sarah R. London</b>														11/06/2024	

Clear Form

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